Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004458	A. BUILDING: _____ B. WING _____	R-C 03/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SETTLERS HOUSE	3304 MONROE ST LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00121730 completed on January 21, 2013. Complaint IN00121730 -Corrected. Survey date: March 19, 2013 Facility number: 004458 Provider number 004458 AIM number: N/A Survey team: Janelyn Kulik RN, TC Census bed type: Residential: 30 Total: 30 Census payor type: Other: 30 Total: 30 Sample: 3 Settlers House was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00121730. Quality review completed on March 21, 2013, by Janelyn Kulik, RN.	{R 000}		